



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

253 WASHINGTON ST.

9 COPIES

Signed under the pains and penalties of perjury, this 23 day of NOV, 2011.

Kelly A Como
Signature

KELLY A COMO
Print Name





CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE:

DATE REC'D:

ACCEPTED BY:

DATE ISSUED:

DATE DENIED:

PERMIT NO.:

149.50

11-18-05

AB

11-18-05

BP 05-1865

| | | | | | | | | | |
|---|------|---|-----------|---|-----------|---|---|-----|----|
| 1. LOCATION OF PROPERTY (NO. AND STREET) | | 253 WASHINGTON ST. | | MAP | 73 | BLOCK | E | LOT | 24 |
| 2. NAME AND ADDRESS OF PROPERTY OWNER | | HENRY PATTERSON - 648 ANNUNCIACI HWY RD CONCORD, MA 01742 / 617 290 58 | | | | | | | |
| 3. NAME AND ADDRESS OF ARCHITECT/ENGINEER | | ROBERT A. DECA | | | | | | | |
| REGISTRATION NUMBER | | TELEPHONE | | | | | | | |
| 4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER | | ROBERT A. DECA | | TELEPHONE | | 617 777 7241 | | | |
| CONST. SUPER. LIC. NO. 090655 | | LIC. REG. NO. | | SIGNATURE (REQ'D) | | | | | |
| 5. ZONING DIST. | CBD | TYPE OF PERMIT | | <input type="checkbox"/> NEW <input checked="" type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY | | | | | |
| 6. WARD | 2 | Sgn | | <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input checked="" type="checkbox"/> OTHER | | | | | |
| 7. CURRENT USE(S) | | PROPOSED USE(S) | | | | | | | |
| 8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS | | USE GROUP | | | | | | | |
| 9. ESTIMATED CONSTRUCTION COST | | \$975.00 | | | | | | | |
| 10. WHAT IS THE CONSTRUCTION TYPE? | | STEEL TUBING | | PLANS SUBMITTED | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 11. LOT DIMENSIONS | AREA | FRONT YARD | REAR YARD | RIGHT SIDE | LEFT SIDE | | | | |
| 12. PROPOSED SETBACKS | | FRONT YARD | REAR YARD | RIGHT SIDE | LEFT SIDE | | | | |
| 13. HEIGHT OF STRUCTURE (FT.) | | TOTAL SQUARE FOOTAGE | | NUMBER OF STORIES | | | | | |
| 14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | |
| IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER | | | | | | | | | |
| 15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE | | | | | | | |
| 16. WASTE DISPOSAL COMPANY | | DISPOSAL SITE ADDRESS | | | | | | | |
| 17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION

(DO NOT INDICATE SEE ATTACHED PLANS PLEASE BE SPECIFIC)

INSTALL A NEW NON-FURNISHED ALUMINUM
USING LIGHT BLUE AND WHITE COATING
DIMENSIONS 160 X 46 X 24 X 16

ARE THE FOLLOWING INCLUDED?

| | YES | NO |
|-------------------------------|-------------------------------------|--------------------------|
| OCCUPYING STREET OR SIDEWALK | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| DUMPSTER ON CITY PROPERTY | <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PLUMBING GAS/FITTING | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| HEATING (Mechanical) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| OIL STORAGE | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| AIR CONDITIONING | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| PUBLIC WATER/SEWER | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FIRE SUPPRESSION (Mechanical) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| FIRE DETECTION | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| WOOD BURNING APPLANCE | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

Print name clearly

Street

City

State

Zip

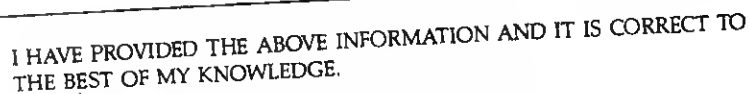
Phone number where you can be reached (days)

APPROVED

Inspector (Name and Title)

**** Building Permit issued pursuant to Massachusetts Building Code Requirements ****

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)





CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD, ALTER, REPAIR
IN ACCORDANCE WITH SECTION 10.0
OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE

DATE REC'D

ACCEPTED BY

DATE ISSUED

DATE DENIED

PERMIT NO.

MAP 7 BLOCK E LOT 24

1. LOCATION OF PROPERTY (NO. AND STREET) 253 WASHINGTON ST.

2. NAME AND ADDRESS OF PROPERTY OWNER C.W.C. INC. Harding Road Lexington MA 02160

3. NAME AND ADDRESS OF ARCHITECT/ENGINEER N/A

REGISTRATION NUMBER N/A TELEPHONE N/A

4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER John C. ... TELEPHONE 617-627-2533

CONST. SUPER. LIC. NO. N/A REG. NO. N/A SIGNATURE (REQ'D) [Signature]

5. ZONING DIST. CED TYPE OF PERMIT ☐ NEW ☐ ADDITION ☐ CERTIFICATE OF OCCUPANCY

6. WARD 2 ☐ REPAIR ☐ DEMOLITION ☐ ALTERATION ☒ OTHER

7. CURRENT USE(S) Retail Store PROPOSED USE(S) Garage

8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS 10 USE GROUP B

9. ESTIMATED CONSTRUCTION COST \$10,000

10. WHAT IS THE CONSTRUCTION TYPE? Garage PLANS SUBMITTED ☐ YES ☒ NO

11. LOT DIMENSIONS AREA FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

12. PROPOSED SETBACKS FRONT YARD REAR YARD RIGHT SIDE LEFT SIDE

13. HEIGHT OF STRUCTURE (FT.) TOTAL SQUARE FOOTAGE NUMBER OF STORIES

14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☐ YES ☒ NO

IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER

15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☒ NO IF YES, GIVE COMMISSION APPROVAL DATE

16. WASTE DISPOSAL COMPANY N/A DISPOSAL SITE ADDRESS

17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? ☐ YES ☒ NO

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION

(DO NOT INDICATE "SEE ATTACHED PLANS." PLEASE BE SPECIFIC)

Very large garage in stone house / historic / safe for farm
and the environment / ...
HOPE + GLORY VINTAGE AT 253 WASHINGTON ST. SOMERVILLE MA 02143
WILL BE A VINTAGE HOUSE / USE HOPE + GLORY VINTAGE BIKING AIR RACE
DECORATIVE ACCESSORIES FURNITURE
TO REPAIR EXISTING GARAGE / NEW
SIGN - "HOPE + GLORY VINTAGE" 4' x 8'
AHEAD 5' FHE FOR 2' x 3'
"GARAGE VINTAGE FHE"
AT 253 FLOW BOXES 8' x 30 3/4' x 1'

ARE THE FOLLOWING INCLUDED?

| | YES | NO |
|-------------------------------|----------------------------------|--------------------------|
| OCCUPYING STREET OR SIDEWALK | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| DUMPISTER ON CITY PROPERTY | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| PLUMBING GAS/FITTING | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| HEATING (Mechanical) | (1) (2) <input type="checkbox"/> | <input type="checkbox"/> |
| OIL STORAGE | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| AIR CONDITIONING | (1) (2) <input type="checkbox"/> | <input type="checkbox"/> |
| PUBLIC WATER/SEWER | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| FIRE SUPPRESSION (Mechanical) | (1) (3) <input type="checkbox"/> | <input type="checkbox"/> |
| FIRE DETECTION | (3) <input type="checkbox"/> | <input type="checkbox"/> |
| WOOD BURNING APPLIANCE | (1) <input type="checkbox"/> | <input type="checkbox"/> |

NOTES: 1. REQUIRES SEPARATE PERMIT

NOTES: 2. HEAT LOSS INFO REQUIRED

NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Sandra F. Falls
Signature of Owner or Authorized Agent

SANDRA F. FALLS
Print name clearly

213 FINE DR. - CAM. MA. 02138
P.O. BOX 400906 - 02143 MA, MA.

Street CAMBRIDGE MA Zip 02140-9998

City CAMBRIDGE MA State MA Zip 02140-9998

Phone number, where you can be reached, day 617-590-2607

APPROVED [Signature]

Inspector's Name and Title [Signature]

**** Building Permit issued pursuant to Massachusetts Building Code Requirements ****

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: 150.00
DATE REC'D: 11-18-05
ACCEPTED BY: G ENE C
DATE ISSUED: 12-2-05
DATE DENIED: _____
PERMIT NO.: CO 05495

| | | | | | | |
|---|--|---|-------------------|---------------|----------------|---------------|
| 1. LOCATION OF PROPERTY (NO. AND STREET): | | <u>253A WASHINGTON</u> | | MAP <u>73</u> | BLOCK <u>E</u> | LOT <u>24</u> |
| 2. NAME AND ADDRESS OF PROPERTY OWNER: | | <u>KEPNER REALTY TRUST</u> | | | | |
| 3. NAME AND ADDRESS OF ARCHITECT/ENGINEER: | | <u>C/O PATTERSON / 648 ANNUSNAC HILL RD.</u> | | | | |
| REGISTRATION NUMBER | | TELEPHONE <u>CONCORD MA 01742</u> | | | | |
| 4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER: | | TELEPHONE _____ | | | | |
| CONST. SUPER. LIC. NO. | H.C. REG. NO. | SIGNATURE (REQ'D) | | | | |
| 5. ZONING DIST. <u>CBD</u> | TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input checked="" type="checkbox"/> CERTIFICATE OF OCCUPANCY | | | | | |
| 6. WARD <u>2</u> | <input type="checkbox"/> RETAIL <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER | | | | | |
| 7. CURRENT USE(S) <u>RESTAURANT, CAFE</u> | | PROPOSED USE(S) <u>CHIROPRACTIC OFFICE (B)</u> | | | | |
| 8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS | | USE GROUP | | | | |
| 9. ESTIMATED CONSTRUCTION COST | | | | | | |
| 10. WHAT IS THE CONSTRUCTION TYPE? <u>3 B</u> | | PLANS SUBMITTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | |
| 11. LOT DIMENSIONS | AREA | FRONT YARD | REAR YARD | RIGHT SIDE | LEFT SIDE | |
| 12. PROPOSED SETBACKS | | FRONT YARD | REAR YARD | RIGHT SIDE | LEFT SIDE | |
| 13. HEIGHT OF STRUCTURE (FT.) | TOTAL SQUARE FOOTAGE | | NUMBER OF STORIES | | | |
| 14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER | | | | |
| 15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | IF YES, GIVE COMMISSION APPROVAL DATE | | | | |
| 16. WASTE DISPOSAL COMPANY <u>WASTE MGMT</u> | | DISPOSAL SITE ADDRESS <u>N/A</u> | | | | |
| 17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLANS" PLEASE BE SPECIFIC)

NO CONSTRUCTION REQUIRED - PAINT + DECORATE ONLY. TAKING ONE SIDE OF PREVIOUS DOUBLE STORE FRONT

CHRISTINA
7-504-7490

520 7.11.7.2.a

ARE THE FOLLOWING INCLUDED?

| | YES | NO |
|-------------------------------|----------------------------------|--------------------------|
| OCCUPYING STREET OR SIDEWALK | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| DUMPSTER ON CITY PROPERTY | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| ELECTRICAL | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| PLUMBING GAS FITTING | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| HEATING (Mechanical) | (4) (2) <input type="checkbox"/> | <input type="checkbox"/> |
| OIL STORAGE | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| AIR CONDITIONING | (1) (2) <input type="checkbox"/> | <input type="checkbox"/> |
| PUBLIC WATER SEWER | (1) <input type="checkbox"/> | <input type="checkbox"/> |
| FIRE SUPPRESSION (Mechanical) | (1) (3) <input type="checkbox"/> | <input type="checkbox"/> |
| FIRE DETECTION | (3) <input type="checkbox"/> | <input type="checkbox"/> |
| WOOD BURNING APPLIANCE | (1) <input type="checkbox"/> | <input type="checkbox"/> |

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Christina
Signature of Owner or Authorized Agent

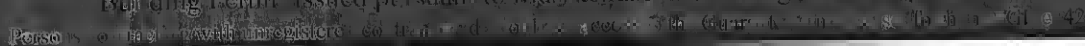
Henry Patterson PROPR MGR
Print name clearly

648 ANNUSNAC HILL RD.
Street

CONCORD MA 01742
City State Zip

617.290.5858
Phone number where you can be reached days

APPROVED: [Signature]
Inspector Name and Title







FOR OFFICE USE ONLY

FEE: 25.00

DATE REC'D: 1-7-04
ACCEPTED BY: A.B.
DATE ISSUED: 1-7-04
DATE DENIED: _____
PERMIT NO.: BP. 04.16

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: OK # 27503

DATE REC'D: 1-6-04

ACCEPTED BY: A.B.

DATE ISSUED: 1-6-04

DATE DENIED: 1-6-04

PERMIT NO.: 138-04-08

| | | | | | | | |
|--|--|---|--|--|--|---------------|--|
| 1. LOCATION OF PROPERTY (NO. AND STREET) <u>253 WASHINGTON ST</u> | | MAP <u>73</u> | | BLOCK <u>E</u> | | LOT <u>24</u> | |
| 2. NAME AND ADDRESS OF PROPERTY OWNER <u>KEVIN'S REALTY TRUST, H. PATTERSON AUTH. AGCN,</u> | | | | | | | |
| 3. NAME AND ADDRESS OF ARCHITECT/ENGINEER <u>72 CHESTNUT ST.</u> | | | | | | | |
| REGISTRATION NUMBER | | | | TELEPHONE <u>CONCORD MA 01742</u> | | | |
| 4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER <u>AAA SIGNAGE</u> | | | | | | | |
| CONST. SUPER. LIC. NO. | | | | H.I.C. REG. NO. <u>547 MAIN ST MEDFORD 02155</u> | | | |
| 5. ZONING DIST. <u>CB D</u> | | TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY | | TELEPHONE: <u>781-393-4458</u> | | | |
| 6. WARD <u>2</u> | | <input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input checked="" type="checkbox"/> OTHER | | SIGNATURE (REQ'D) <u>[Signature]</u> | | | |
| 7. CURRENT USE(S) <u>VACANT WAS RESTAURANT</u> PROPOSED USE(S) <u>GROCERY</u> | | | | | | | |
| 8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS <u>N/A</u> USE GROUP | | | | | | | |
| 9. ESTIMATED CONSTRUCTION COST <u>1200.00</u> | | | | | | | |
| 10. WHAT IS THE CONSTRUCTION TYPE? PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| 11. LOT DIMENSIONS | | AREA | | FRONT YARD | | REAR YARD | |
| 12. PROPOSED SETBACKS | | FRONT YARD | | REAR YARD | | RIGHT SIDE | |
| 13. HEIGHT OF STRUCTURE (FT.) <u>15'</u> | | TOTAL SQUARE FOOTAGE <u>450</u> | | NUMBER OF STORIES <u>1</u> | | | |
| 14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER | | | | | | | |
| 15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE | | | | | | | |
| 16. WASTE DISPOSAL COMPANY | | | | DISPOSAL SITE ADDRESS | | | |
| 17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS;" PLEASE BE SPECIFIC) | | | | | | | |
| <u>SIGN PER ATTACHED DRAWING</u> | | | | | | | |
| <u>2' X 10' SIGN W/ LIGHTING INSIDE</u> | | | | | | | |
| <u>BOX</u> | | | | | | | |

ARE THE FOLLOWING INCLUDED?

YES NO

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE.

AAA SIGNAGE INC
547 MAIN ST
MEDFORD MA 02155



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY
FEE: \$480

DATE REC'D: 7-15-04
ACCEPTED BY: GENE C.
DATE ISSUED: 7-15-04
DATE DENIED:
PERMIT NO.: BP 04-9101

1. LOCATION OF PROPERTY (NO. AND STREET): 253 A Washington St MAP 73 BLOCK E LOT 24
2. NAME AND ADDRESS OF PROPERTY OWNER: CWC Inc 72 Chestnut St Concord 01742
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER: Joyce Design Partnership
REGISTRATION NUMBER: TELEPHONE: 617 522 0718
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER: J. Scannell P.O. Box 135 S. Weymouth 02071
CONST. SUPER. LIC. NO. 063480 HIC REG. NO. 111222 SIGNATURE (REQ'D):
5. ZONING DIST: CDD TYPE OF PERMIT: ☒ NEW ☐ ADDITION ☐ CERTIFICATE OF OCCUPANCY
☐ REPAIR ☐ DEMOLITION ☒ ALTERATION ☐ OTHER
6. WARD: 3
7. CURRENT USE(S): ~~Residential~~ PROPOSED USE(S): ~~condo~~ store USE GROUP: Y
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS:
9. ESTIMATED CONSTRUCTION COST: \$25,000
10. WHAT IS THE CONSTRUCTION TYPE? ~~wood~~ 2B PLANS SUBMITTED: ☒ YES ☐ NO
11. LOT DIMENSIONS: AREA: FRONT YARD: REAR YARD: RIGHT SIDE: LEFT SIDE
12. PROPOSED SETBACKS: FRONT YARD: REAR YARD: RIGHT SIDE: LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.): TOTAL SQUARE FOOTAGE: NUMBER OF STORIES:
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? ☐ YES ☒ NO
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER:
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? ☐ YES ☒ NO IF YES, GIVE COMMISSION APPROVAL DATE:
16. WASTE DISPOSAL COMPANY: ECP Int. DISPOSAL SITE ADDRESS:
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? ☐ YES ☒ NO
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION
(DO NOT INDICATE "SEE ATTACHED PLANS." PLEASE BE SPECIFIC)
Remove existing space. Extension walls and
existing ceiling. New bathroom and
core. VENT EXHAUSTS FOR BATH ROOM 10 WALL PETITIONS
carpet. New light fixture.
see plans

ARE THE FOLLOWING INCLUDED?

| | YES | NO |
|-------------------------------|---|---|
| OCCUPYING STREET OR SIDEWALK | (1) <input checked="" type="checkbox"/> | (2) <input type="checkbox"/> |
| DUMPSTER ON CITY PROPERTY | (1) <input type="checkbox"/> | (2) <input checked="" type="checkbox"/> |
| ELECTRICAL | (1) <input type="checkbox"/> | (2) <input checked="" type="checkbox"/> |
| PLUMBING GAS/FITTING | (1) <input checked="" type="checkbox"/> | (2) <input type="checkbox"/> |
| HEATING (Mechanical) | (1) <input type="checkbox"/> | (2) <input checked="" type="checkbox"/> |
| OIL STORAGE | (1) <input type="checkbox"/> | (2) <input checked="" type="checkbox"/> |
| AIR CONDITIONING | (1) <input type="checkbox"/> | (2) <input checked="" type="checkbox"/> |
| PUBLIC WATER/SEWER | (1) <input type="checkbox"/> | (2) <input checked="" type="checkbox"/> |
| FIRE SUPPRESSION (Mechanical) | (1) <input type="checkbox"/> | (2) <input checked="" type="checkbox"/> |
| FIRE DETECTION | (1) <input checked="" type="checkbox"/> | (2) <input type="checkbox"/> |
| WOOD BURNING APPLIANCE | (1) <input type="checkbox"/> | (2) <input checked="" type="checkbox"/> |

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent:

Print name clearly:

Street:

City:

State:

Zip:

Phone number where you can be reached days:

APPROVED:

Inspector's Name and Title: